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CENTRAL DIRECTORIES AND THEIR RELATION TO PRIVATE DUTY NURSES¹

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I venture to say that if I were to ask you here today to tell me what a central directory is, not more than a dozen of you could do so. Most of you would say that a central directory is a place for private duty nurses to register and to receive calls, for that is as much as you have ever been interested to know. A central directory is a place for private duty nurses to register and receive calls, but it does not stop there. A central directory is an institution, owned and controlled by nurses, not by a nurse or an individual, and operated for nurses and for the best interests of their profession, not for pecuniary profit. It is, or should be, a headquarters for nursing interests and an aid to the medical profession and the public in securing efficient care for the sick.

Then why, if this be true, must our central directories be continually struggling for existence? A nurse, to register with a central directory, must be a state registered nurse. Sufficient time is given new graduates to take their state board examinations, and time is allowed new nurses coming into the state, to take out their reciprocity papers. Most directories require that a nurse be a member in good standing of her alumnae, which means, as you know, that she is a member of the district association, state association and national association. A letter from the superintendent of her training school is also required. This, of course, is a little trouble or "red tape," as some are pleased to call it. It is much easier to send \$10 or \$15 and have no questions asked, and this would be all well and good, if all women calling themselves nurses were registered nurses, but they are not.

Do you, who have spent at least three years in preparing yourself to practice your profession, want to work in hospitals, in homes, and elsewhere with these self-styled nurses, receiving in many cases the same remuneration, the same credit and the same criticism? But you say, "How can central directories prevent this?"

If every registered nurse registered with a central directory, and if every hospital and every doctor called a central directory when in need of the services of a nurse, how long do you think these self-styled nurses could last? It is the duty of nurses to make the central

¹Read at the convention of the Indiana State Nurses' Association held in Indianapolis, October 7, 8 and 9, 1920.

directories 100 per cent efficient, and then to teach the hospitals, the doctors and the public to use them.

The national Red Cross realizes the usefulness of these official directories, and whenever and wherever possible it makes them headquarters for its local committees on Red Cross nursing service.

Business and professional men and women make use of them. It would be impossible to enumerate the many questions asked by them each year. During the recent epidemic of influenza, when nurses were scarce because of the war, and doctors could not be reached for hours, many people called to ask what preventive measures they might adopt and only recently, early one morning, a woman called a central directory to ask what she might do to rid her Angora cat of fleas. This seemed an unusual question, but fleas invaded many homes this summer, and they are a real menace to health and happiness, especially happiness. Central directories are for service.

Many nurses when approached about a central directory, say, "But I do not need to register for calls, I now have more than I can care for." Perhaps you do not need a central directory to keep you busy, but your profession needs it, and you are a unit in that profession. We hear that commercialism is invading our ranks, and so it would seem when nurses take that attitude, but will a nurse profit by it? You are held in esteem and worth only as high as your profession is held.

Years ago, the barber did all the surgery that was done. To-day surgery is one of the greatest and most respected of professions. Why? Attend a few county, state and national medical meetings. The medical profession stands where it does to-day only because doctors of the world realize the importance of standing together. How many doctors do you know, who do not attend medical meetings, and who do not take one or more good medical and surgical journals? If you know one, how much respect have you for his ability? A doctor has the same right to question your ability, when he finds you are doing little, or nothing for the advancement of your profession.

Why should a busy doctor be expected to remember your telephone number, or a superintendent of nurses'; or why should her assistants, who are employed to conduct a training school, be expected to conduct a registry for nurses? They have all, and more than they can do. Your name, it is true, may be listed in the classified list in the telephone directory, so also are the names of women who have never been farther in a training school for nurses than the kitchen. Most central directories keep a list of attendants for the convenience of the public, but never, under any circumstances, is an attendant sent out as a trained nurse. I hope the time is not far off when these

women will no longer be connected with our central directories, not that we do not need good attendants, but they should not be confused with the nurse. The attendant has her place, but she is not a trained professional woman, and just so long as the central directory continues to send attendants into the homes to care for the sick, just so long will the public have a confused idea of a nurse.

Young women, who might otherwise take up nursing as a profession, come in contact with these attendants, who are not always of the best type of womanhood, and their estimation of the profession of nursing is based upon that observation of these women, for are they not sent out by a recognized directory? Thus far, it has seemed best for central directories to keep in touch with them. Those of you who were fortunate enough to hear Miss Parsons' address yesterday, will remember that she said for our comfort that "God still puts it into the hearts of young women to want to be nurses." Is it not our duty to do all in our power to place our profession on the highest plane attainable, that such young women may not be disillusioned when they reach their heart's desire? This is what the central directories are striving after, as well as being a place where private duty nurses may register and receive calls.

We have these directories all over the United States. Kansas City has a directory with a membership of 400, controlled and financed by the Second District, Missouri State Nurses' Association. The fee of \$12 and the Association dues are paid into the same treasury. District No. 13 of the New York State Nurses' Association has a central directory with a membership of 537, financed by a registration fee of \$15 annually. Boston has a central directory with a membership of almost 1,000. Detroit, Michigan, has a central bureau of nursing. The Visiting Nurse Association, the Babies Milk Fund, the First District Association, and the Central Directory have offices in the same building. The Directory, which is managed by the Board of Directors of the First District Association of the Michigan State Nurses' Association has a membership of 520. A monthly report of the work done by the directory is submitted to the District Association. Here, I believe, the attendants are cared for under a separate department.

At the convention of the American Nurses' Association, held in Atlanta, Ga., this year, it was advised that, "so far as possible, district associations establish registries, and that coöperation of hospitals, lay people and doctors be sought in order to bring about satisfactory conditions in each locality." The Private Duty Section presented this resolution: "That all nurses should affiliate themselves with the authentic nursing bodies of their localities, especially the nurses'

central directories, and that they should meet often and discuss their various problems and the solutions of the same, and in all things seek coöperation, for in union there is strength."

The central directory of District No. 4, Indiana State Nurses' Association, has a membership of 152, is controlled by a board of directors appointed by the district association, and is financed by a registration fee of \$10 annually. During the year 1919, with but 50 nurses registered for private duty in January, and but 130 in December, more than 3,165 calls were received; 1,267 of these were cared for. Many were from other states, and two were from Mexico City, Mexico, where two nurses were sent for institutional work. A number of these calls were for institutional, public health, school nursing, industrial nursing, etc., many being cared for from the private duty ranks.

This is just a brief report of the work done by one central directory. It is impossible to keep records of the interviews with women interested in the nursing profession, advice and guidance given those no longer able to do private duty, the hundreds of letters written each year, including letters of recommendation, etc. Many, many times our nurses' organizations are explained to new graduates, and not a few times to the older nurses. Central directories do all this and more.

I have tried to tell you of the relation of the central directories to private duty nurses, but I find it impossible to separate them from the profession as a whole. However, private duty nurses have an opportunity through these official directories to help establish and maintain better ethical standards among nurses, and to promote the standing of our profession.

Every good private duty nurse wants private duty placed where it should be, and every private duty nurse, a registered nurse. That is why we have central directories. A few have seen the need for them, and have struggled to maintain them. Just as soon as all registered private duty nurses realize the benefits to be derived from these directories, and make use of them, just so soon and not before, will private duty be placed where it should be. The profession as a whole needs the central directory, but the private duty nurse cannot afford to do without it.